

# Core 400 LLC

An Independent Review Organization  
3801 N Capital of TX Hwy Ste E-240 PMB 139  
Austin, TX 78746-1482  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## AMENDED NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/17/2015 and amended on Oct/12/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Left L4, L5 lumber transforaminal epidural steroid injection w/ fluoroscopy and monitored anesthesia by an on call CRNA

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** MD, Board Certified Anesthesiology  
MD, Board Certified Pain Medicine

**REVIEW OUTCOME:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for left left L4, L5 lumber transforaminal epidural steroid injection w/ fluoroscopy and monitored anesthesia by an on call CRNA is not recommended as medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. The patient reports that low back pain and bilateral lower extremity pain began after a single episode of pulling at work. MRI of the lumbar spine dated 10/13/14 revealed at L4-5 there is a shallow central and left paracentral disc herniation. Disc material slightly effaces the thecal sac and causes slight compromise of the medial aspect of the left neural foramen. There is no compromise of the right neural foramen. At L5-S1 there is a shallow central 2 mm disc bulge which slightly effaces the thecal sac without compromise of the neural foramina. The patient underwent bilateral L5 transforaminal epidural steroid injection on 03/05/15. Office visit note dated 08/17/15 indicates that the patient complains of low back pain and bilateral lower extremity pain rated as 8/10 VAS. Current treatment includes medications and activity modification. The patient is noted to be status post L5-S1 laminectomy in 1999. Current medications are Celecoxib, Wellbutrin, Modafinil, Nexium and potassium citrate. On physical examination there is 5/5 strength throughout the lower extremities with the exception of 5-/5 left EHL. Deep tendon reflexes are 2+/5 bilaterally. Straight leg raising is positive on the left for radiating leg pain. Pinprick sensation is normal bilateral L1-S1.

Initial request for Left Lr L5 lumbar transforaminal epidural steroid injection with fluoroscopy and monitored anesthesia by an on call CRNA was non-certified on 08/21/15 noting that the patient underwent diagnostic steroid injection on 03/05/15 and when she returned 5 days later she reported 60% improvement of her pain; however, her pain was rated as 6-7/10 at that time. When she returned on 08/17/15 there was no indication of significant long lasting benefit from the initial injection. The denial was upheld on appeal dated 08/31/15 noting that the patient had a bilateral L5 transforaminal epidural steroid injection in 3/15 with only 0.5/10

reduction in her pain score noted post injection. There is no further follow up information to dispute this result. This is not indicative of a therapeutic result and does not warrant repeating as per ODG criteria.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient underwent initial bilateral L5 epidural steroid injection on 03/05/15. The Official Disability Guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to the performance of a repeat epidural steroid injection. The submitted records fail to document any significant long lasting relief post injection. Additionally, the Official Disability Guidelines note that there is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. Routine use is not recommended except for patients with anxiety. There is no documentation of extreme anxiety within the submitted clinical records. As such, it is the opinion of the reviewer that the request for left left L4, L5 lumbar transforaminal epidural steroid injection w/ fluoroscopy and monitored anesthesia by an on call CRNA is not recommended as medically necessary and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)